

**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

**Facility Information**

**Facility Name:** CLA ADAMS (0008629)  
**Address:** 171 S WATTS, ADAMS, WI 53910  
**License Status:** REGULAR  
**Licensed/Certified/Registered** 04/01/1999  
**Regional Office:** SOUTHERN REGION (MADISON), (608) 243-2370

**Survey History**

**Survey ID:** 0096554      **End Date:** 03/14/2006      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** NO STATEMENT OF DEFICIENCY ISSUED

**Survey ID:** 0095521      **End Date:** 08/01/2005      **Type:** OTHER      **Purpose:** VERIFICATION VISIT

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10007188    Served 09/19/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.04(2)(a)	RESPONSIBILITIES	03/14/2006	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	03/14/2006	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	03/14/2006	Yes
88.07(1)(c)	ACTIVITIES AND SERVICES		
88.10(3)(n)1	FREEDOM FROM SECLUSION AND RESTRAINTS		
88.10(3)(p)	PROMPT AND ADEQUATE TREATMENT	03/14/2006	Yes

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**Provider Inspection Summary**  
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**Survey ID:** 0092776      **End Date:** 05/26/2004      **Type:** STANDARD      **Purpose:** SURVEY

**Results:** ENFORCEMENT ACTION

**Statement of Deficiency:** #10008015    Served 06/18/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
88.05(4)(b)2	SMOKE DETECTORS-TESTING AND MAINTENANCE	07/26/2005	Yes
88.06(3)(b)	PERSONS INVOLVED WITH ISP & ASSESSMENT	03/14/2006	Yes
88.06(3)(d)	INDIVIDUAL SERVICE PLAN	03/14/2006	Yes

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

<b>Enforcement History</b>
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**Date: 09/15/2005      SOD #10007188      Appealed: No**

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION  
COMPLY WITH REQUIREMENT  
NO NEW ADMISSIONS  
PROVIDE TRAINING

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**Date: 06/17/2004      SOD #10008015      Appealed: No**

Sanctions

COMPLY WITH FACILITY PLAN OF CORRECTION

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**Provider Inspection Summary**  
For the period 07/01/2003 to 06/30/2006  
Adult Family Home

Complaint History
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**Date Complaint Received: 06/03/2005**

**Date Investigation Completed: 08/01/2005**

Subject Area(s)

Result

SOD #

ABUSE  
ADMINISTRATION

NOT SUBSTANTIATED  
SUBSTANTIATED

09/15/05

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